

<b>No. W 47451</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/14/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> CLYDE BOYCE 468 N 3300 E LEWISVILLE ID 83431																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BOYCE FARMS LLC CLYDE BOYCE 468 N 3300 E LEWISVILLE ID 83431		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Clyde Boyce</td> <td>468 N 3300 E.</td> <td>LEWISVILLE</td> <td>ID</td> <td></td> <td>83431</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joan Boyce</td> <td>468 N 3300 E.</td> <td>LEWISVILLE</td> <td>ID</td> <td></td> <td>83431</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Clyde Boyce	468 N 3300 E.	LEWISVILLE	ID		83431	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joan Boyce	468 N 3300 E.	LEWISVILLE	ID		83431	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 47451</b> </div>	<b>6.</b> Signature: <u><i>Clyde Boyce</i></u> Name (type or print): <u>Clyde Boyce</u> Date: <u>2/25/15</u> Title: <u>Member</u>																																					
Issued 02/25/2015 by online																																						